CLAIMS ONLY

Application Number	Filing Date
09/807343	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*				*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend	
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25			1				75							
26				1			76							
27				1			77							
28				1			78							
29				1			79							
30				1			80							
31				1			81							
32				1			82							
33				1			83							
34				1			84							
35				1			85							
36			1				86							
37				1			87							
38				1			88							
39				1			89							
40				1			90							
41				1			91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep			2				Total Indep							
Total Depend			15				Total Depend							
Total Claims			17				Total Claims							